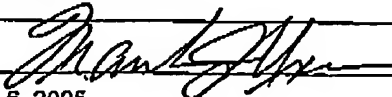



JUN 06 2005


TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/806,972
		Filing Date	March 22, 2004
		First Named Inventor	Donovan
		Group Art Unit	1645
		Examiner Name	Portner, VA
Total Number of Pages in This Submission	29	Attorney Docket Number	D-3170CONq

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	Frank J. Uxa Registration No. 25,612
Signature	
Date	June 6, 2005

CERTIFICATE OF TRANSMISSION/MAILING	
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Typed or printed name	Janet McGhee
Signature	
Date	June 6, 2005

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FEE TRANSMITTAL for FY 2005 <small>Patent fees are subject to annual revision.</small>		<i>Complete if Known</i>					
<input type="checkbox"/> Application claims small entity status. See 37 CFR 1.27		Application Number	10/806,972				
TOTAL AMOUNT OF PAYMENT (\$) 250.00		Filing Date	March 22, 2004				
METHOD OF PAYMENT (check all that apply)		First Named Inventor	Donovan				
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____		Examiner Name	Portner, VA				
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>01-0885</u> Deposit Account Name <u>Frank J. Uxa</u>		Art Unit	1645				
<small>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</small>		Attorney Docket No.	D-3170CON				
<input checked="" type="checkbox"/> Charge fee(s) indicated below							
<input checked="" type="checkbox"/> Charge any additional fee(s) associated with this communication		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee					
<input checked="" type="checkbox"/> Credit any overpayments							
<small>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</small>							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
Subtotal (1)							0
2. EXCESS CLAIM FEES							
Fee Description	Fee (\$)	Small Entity Fee (\$)					
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25					
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100					
Multiple Dependent Claims	360	180					
Total Claims							
Extra Claims							
Fee (\$)							
Fee Paid (\$)							
<small>HP = highest number of total claims paid for, if greater than 20</small>							
Indep. Claims							
Extra Claims							
Fee (\$)							
Fee Paid (\$)							
<small>HP = highest number of independent claims paid for, if greater than 3</small>							
Subtotal (2)		0					
3. APPLICATION SIZE FEE							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
-100 =	/50 =	(round up to a whole number)	x	=			
Subtotal (3)				0			
4. OTHER FEE(S)							
	Fee (\$)	Fee Paid (\$)					
<input type="checkbox"/> Surcharge - Late filing fee or oath/declaration: \$130 fee (\$65 small entity discount)							
<input type="checkbox"/> Non-English Specification: \$130 fee (no small entity discount)							
<input checked="" type="checkbox"/> 1-month extension of time: \$120 fee (\$60 small entity discount)		120					
<input type="checkbox"/> 2-month extension of time: \$450 fee (\$225 small entity discount)							
<input type="checkbox"/> 3-month extension of time: \$1020 fee (\$510 small entity discount)							
<input type="checkbox"/> 4-month extension of time: \$1590 fee (\$795 small entity discount)							
<input type="checkbox"/> 5-month extension of time: \$2160 fee (\$1080 small entity discount)							
<input type="checkbox"/> Information Disclosure Statement Fee: \$180 fee (no small entity discount)							
<input type="checkbox"/> Notice of Appeal: \$500 fee (\$250 small entity discount)							
<input type="checkbox"/> Filing a Brief in Support of Appeal: \$500 fee (\$250 small entity discount)							
<input type="checkbox"/> Request for Oral Hearing: \$1000 fee (\$500 small entity discount)							
<input type="checkbox"/> Utility Issue Fee: \$1400 fee (\$700 small entity discount)							
<input type="checkbox"/> Recording each patent assignment per property (times number of properties): \$40 fee (no small entity fee discount)							
<input type="checkbox"/> Request for Continued Examination: \$790 fee (\$395 small entity discount)							
<input checked="" type="checkbox"/> Other: <u>Terminal Disclaimer</u>		130					
Subtotal (4)		250					
SUBMITTED BY							
Name (Print/Type)	Frank J. Uxa	Registration No. (Attorney/Agent)	25,612				
Signature			Telephone				
		Date	949-450-1750				
			June 6, 2005				

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T-506 P.003 F-895

JUN 06 2005

Appl. No. 10/806,972
Reply to Office Action of February 8, 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/806,972 Confirmation No. 2337
Applicant : Donovan
Filed : March 22, 2004
Title : BOTULINUM TOXIN THERAPY FOR NEUROPSYCHIATRIC
DISORDERS

TC/A.U. : 1600/1645
Examiner : Portner, V.A.

Docket No. : 17500CON(BOT); D3170-CON
Customer No. : 33197

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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June 6, 2005
Janet McGhee

AMENDMENT AND PETITION FOR ONE MONTH EXTENSION OF TIME

Sir:

This response is being submitted in reply to the Final Office Action of February 8, 2005. A response was due May 8, 2005. Applicant hereby petitions for a one-month extension of time. A response with a one-month extension of time is due June 8, 2005. The Commissioner is hereby authorized to charge the extension of time fee (\$120.00) to Deposit Account No. 01-0885. Accordingly, this response is being timely filed. In response to the Office Action, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

06/07/2005 MBINAS 00000011 010885 10806972
01 FC:1251 120.00 DA